

EXHIBIT AAA

July 28, 2003 records of Coosa Valley Medical Center

HISTORY & PHYSICAL

-----NAME-----	CLINIC CODE:	ERRM
KELLEY, DANIEL B	PT-STATUS:	A
DOB: 06/17/1971	PT CLASS:	I
AGE/SEX: 32Y M	PT ADM#	75726240
ADMITTING PHYSICIAN:	MR#	113316
AMMAR ALDAHER, M.D.	ADMITTED:	07/28/2003 05:59PM
	ROOM:	4TH 418 B
	DISCHARGE DATE:	

FINDINGS:

CHIEF COMPLAINT: Back pain, total body ache.

HISTORY OF PRESENT ILLNESS: The patient is a young gentleman who presented to the ER, he was beaten up in his lower back, abdomen, lower extremities, several bruises at the lower back. Unfortunately, the patient has a long history of drug abuse, cocaine and alcohol. He joined drug rehab Bradford before. He has chronic back pain with several back surgeries at L1, L2 and L3. He is currently on Lorcet. In the emergency room, white count normal, urine significant for pyuria and hematuria. Drug screen positive for benzodiazepine, cocaine, opiate. Chemistry revealed a sodium 149, creatinine 1.5. Alcohol level 164. Troponin negative. Myoglobin 149.7. Also complains of atypical chest pain, that gets worse with inhalation and respiration. Admitted for UTI, dehydration. Drug abuse.

PAST MEDICAL HISTORY: As above.

PAST SURGICAL HISTORY: Back surgeries.

ALLERGIES: CODEINE.

MEDICATIONS: At home Lorcet and Aciphex for stomach.

SOCIAL HISTORY: Heavy alcohol abuse. No smoking. Positive drug abuse cocaine.

FAMILY HISTORY: Noncontributory.

REVIEW OF SYSTEM: No headache, no dizziness, no epistaxis, no diplopia or loss of consciousness. Positive chest pain. No shortness of breath. No wheezing. No history of diarrhea. No urinary disorder or seizure disorder.

PHYSICAL EXAMINATION:

GENERAL: The patient is afebrile and hemodynamically stable. Blood pressure 130/72, pulse 73 and regular.

HEENT: Pupils equal and reactive.

NECK: No JVD.

LUNGS: Clear to auscultation and percussion.

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HEART: Regular rhythm.

ABDOMEN: No hepatomegaly. No splenomegaly.

EXTREMITIES: No edema and no clubbing.

BACK EXAMINATION: Reveals several bruises of the lower back, tender lumbosacral area.

NEUROLOGIC: Alert, awake, paresthesia posterior part of the left leg, lower back.

IMPRESSION:

1. Urinary tract infection.
2. Dehydration.
3. Chronic back pain.
4. Drug abuse.
5. Alcoholic abuse.

PLAN: Admit. Antibiotics. PPI. IV hydration. Drug detoxification.

AA/asg J-9465

DICTATED BY: Ammar Aldaher, M.D.

TRANSCRIPTIONIST: AG1 - 07/28/2003 10:35PM

THIS DOCUMENT HAS BEEN ELECTRONICALLY SIGNED BY
Ammar Aldaher, M.D.

SIGNED DATE-TIME: 08/01/2003 09:40AM